

CITY OF UPLAND - PUBLIC WORKS  
TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE  
TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND  
THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME
ADDRESS
CITY/STATE/ZIP

PERMIT VALID:	
FROM:	
TO:	MOVING AUTHORIZED:
SATURDAY:	NO
SUNDAY:	NO
DARKNESS (CVC 280):	NO

PERMIT NUMBER
APPLICATION ONLY
THIS PERMIT IS NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS:
<input type="checkbox"/> Permit Conditions
<input type="checkbox"/> Holiday Restrictions
<input type="checkbox"/>

OFFICE PHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)
( )	( )

(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSION'S OF LOAD)  
AUTHORIZATION IS GRANTED FOR THE FOLLOWING: Haul Drive Tow

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DESCRIPTION OF HAULING EQUIPMENT

				VEHICLE WIDTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:	
AXLE NUMBER	1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE									
DISTANCE BETWEEN AXLES									
WIDTH OF AXLES AT TIRE SIDEWALL									
MAXIMUM ALLOWABLE WEIGHT									

LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED

LOADED HEIGHT:	LOADED WIDTH:	LOADED OVERALL LENGTH:	LOADED OVERHANG:	WEIGHT CLASS:
----------------	---------------	------------------------	------------------	---------------

DESTINATION: DESTINATION:

AUTHORIZED CITY STREETS - STATE AND/OR COUNTY PERMITS ARE REQUIRED WHEREVER THE * IS SHOWN IN THE CITY ROUTE.	
No exception No moves shall take place between the hours of 7:00 a.m. to 8:30 a.m. or 4:00 p.m. to 6:00 p.m.	
Restricted to approved City Truck Routes Only.	
PILOT CAR Yes No	If load width between 12 ft. to 15 ft. - 1 pilot car required in rear
	If load width greater than 15 ft. - 2 pilot cars required, 1 in front, 1 in rear.

CASH/ CHECK NO. _____	RECEIPT NO.	APPLICANT SIGNATURE	DATE
EXEMPT _____	FEE \$	NUMBER OF TRIPS	AUTHORIZED CITY AGENT
N / A			

REQUESTED ROUTE: (Include Address of Origin and Delivery Site)

	CONTACT PERSON
--	----------------

DISTRIBUTION: PUBLIC WORKS ☐ FINANCE ☐ POLICE X